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		EORM	STATEMENT
FOR INSTRUCTIONS, SEE BACK OF FORM		FORM DR-1	OF
CHECK ONE: This is an Initial* Statement of Organization	- Marie Tall 40 24 Land 14	(Rev. 10/2009)	ORGANIZATION
☐ This is an emended* Statement of Organization	Hesel-orn	For Office Use	Only
Stetement must be filed within 10 days of committee accepting contribution incurring debts exceeding \$750. Amendments must be filed within 30 days of the filed within 30	s, making expenditures. or	Comm.#	
For this leaves 4 2010 all statements and reports filed by now committee	s for state drice must be tiled	Audited	
electronically and effective January 1, 2012, all statements and reports filed	by all committees for state office	Computer	
must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State	Parties must be filed electronically.		****** <u> </u>
COMMITTEE NAME 👃 🗘 (A candidate's committee must include the	candidate's tast name in the name of	of the committee.) If a	emending committee name.
put old name in (). Committee to elect Ira Bowman Mayor			
IMPORTANT: Indicate type of committee you are reporting for: 6			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (5) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC			
(10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a	candidate's committee)
Name I I Brenda L. Bowman	Name ↓ ↓ Ira D. Bowman		
Sala Maria Sala Circle	Mailing Address Circle		
Strashtowa 32798 + +	City State 1 Zip Code 1 Wilton, Iowa 52778	1	\$ -0
Phone (563) 732-4275	Phone (563) 732-4275		60 ===
s-Mail bren926@netwtc.net	e-Mail irabowman@netwt	c.net	2 (7)
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)		sue(s)
Comment or description:	County/Local Candidates	Advocate against ba	
All Candidates Enter: Office Sought: Mayor of Wilton, IA	<u> </u>	SCATIA	f
Political Party (if epplicable)	County: ///// (If active in multiple ballot is		list of counties
District:			
Year Standing for Election: 2010			,
Bank Account Name (must match committee name)	Candidate name & Address or	Parent Entity (PAC Affiliate, or Sponse	
All expenses paid for from personal funds	Ira D. Bowman		24.
Name of Financial Institution/type of Account	Mailing Address ↓ ↓		
1	512 Wild Indigo Circle		
Mailing Address ↓ ↓	City ↓ ↓	State 1 1	Zip ↓ ↓
Mailing Address J J		State 1 1 Iowa	Zip ↓ ↓ 52778
Mailing Address ↓ ↓ City ↓ ↓ State ↓ ↓ Zip ↓ ↓	City ↓ ↓ Wilton		— · ·
	Wilton Fhone (563) 732-4275	lowa	— · ·
	City ↓ ↓ Wilton Phone (563) 732-4275	lowa	— · ·
	City ↓ ↓ Wilton Phone (563) 732-4275 e-Mail irabowman@netwt	lowa	— · ·
STATEMENT OF AFFIRMATION: By filing this document the committee aff	Wilton Phone (563) 732-4275 e-Mail irabowman@netwt	lowa c.net	52778
STATEMENT OF AFFIRMATION: By filing this document the committee aff 1. The committee and all persons connected with the committee understand the rules in Chapter 361 of the lows Administrative Code.	Wilton Phone (563) 732-4275 e-Mail irabowman@netwt irms the following: It they are subject to the laws in lowe C	c.net	52778 d 688 and the administrative
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